



**Indiana Department of Labor
Wage and Hour Division
402 West Washington Street, W195
Indianapolis, IN 46204**

Employee

Employer

Name	Name
Address	Address
City	City
State, Zip	State, Zip
Telephone	Telephone

Amount of Claim	\$	Length of Employment:	From		To	
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Address Where Work Was Performed:

Reason for Leaving Employment:

Reason Given for Non-Payment:

Wage Agreement: <i>Hourly</i>	\$		Salary	\$		Commission	\$		Piece Rate	\$	
Type of claim: <i>Check Box(es)</i>	Minimum Wage Complaint		Non-Payment of Overtime		Non-Payment of Vacation		Payroll Deduction		Non-Payment of Paychecks		

- (1) Show Mathematically, how you calculated the amount of your claim
- (2) Be sure to list the dates of non-payment, including hours worked each day with beginning and ending times.
- (3) Attach your supporting documentation behind this form.

[illegible]

Any incomplete Application For Wage Claim will be returned to its sender in its entirety without any action taken from our Department.

The Department of Labor has the right to reject this claim at any time if, in the judgment of the Commissioner of Labor, said claim is not valid and enforceable in the courts.

Signed		Dated	
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Date Received *(Office Use Only)*